

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-006129

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 50VS 300
Rev. 4/59b405
b400

3

4 0

5 1

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94500

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11

1286-0

131-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Grundy</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Grundy</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Trenton</u>		Length of stay in 1b <u>2 1/2 years</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Whitfield Nursing Home</u>		d. STREET ADDRESS (If outside, give location) <u>Route 6</u>	
3. NAME OF DECEASED (Type or print) First <u>George</u> Middle <u>W</u> Last <u>GARRISON</u>		4. DATE OF DEATH Month <u>Mar</u> Day <u>1</u> Year <u>1963</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10/16/1901</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carriation M.K.G.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Supt. Receiving Station</u>	
13a. FATHER'S NAME <u>George Garrison</u>		13b. MOTHER'S MAIDEN NAME <u>Dica Pryor</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or date) <u>No</u>		17. INFORMANT Address <u>Ruth Garrison Trenton, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Paralysis -</u> DUE TO (b) <u>General Arteriosclerosis</u> DUE TO (c) <u>27m</u>		INTERVAL BETWEEN ONSET AND DEATH <u>27m</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>10:25</u> a.m. <u>p.m.</u> Month, Day, Year <u>Mar 1, 1963</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Trenton Mo</u>	
21. I attended the deceased from <u>1961</u> to <u>Mar 1, 63</u> and last saw him alive on <u>2/28/63</u> Death occurred at <u>10:25 P.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED <u>3/3/63</u>	
22a. SIGNATURE <u>E. J. Main</u> (Degree or title)		22b. ADDRESS <u>Trenton Mo</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>3/3/1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Maple Grove cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Trenton, Mo.</u>
24. FUNERAL DIRECTOR <u>J. Gordon Blackmon</u> ADDRESS <u>Trenton, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>3-3-63</u>	
26. REGISTRAR'S SIGNATURE <u>Jane Jarr</u>			

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Gordon Blackmer

Licensed Embalmer No. 4602

P. O. Address Trenton, mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.